

I am a longtime AIDS survivor. I was infected in 1981, became ill in 1987 and progressed to AIDS in 1990. During those years when first dealing with actual AIDS illnesses, I nearly died three times, and have had a couple close calls since. I attribute my longevity to skilled medical care, alternative therapies, my own spirituality, and of course my medications.

For some time now, I have taken seventeen medications on a regular basis, eight of which are specifically HIV targeted. Of the remainder, five are required to manage long-term, permanent side effects of my HIV infection. These manage my disease but have not eradicated it; my viral load continues to remain detectable although not dangerously high.

My medications come to over \$2400 per month at the price insurance companies pay, which is, of course, less than an uninsured patient would have to pay. Medicare Part D and Connecticut ADAP (Ryan White) cover fourteen of these medications, and the remainder is out of my own pocket. Paying for those three non-covered medications sometimes mean I go without buying groceries for myself.

Any action which would limit or inhibit drug coverage would be devastating to me, and I expect it would hasten my demise. I have interaction with other patients who are unable to present their testimony; they will be harder hit than I if the proposed changes take place.

I ask the department to please do all in its power to ensure that vital HIV and ancillary drugs are continued to be made available to patients who require them.

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